

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	8/2
O.I.P.E. CLASSIFIER	ASD		8/5/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
	HW	66630	9-14

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	12/08/03
2	✓	✓	6/24/04
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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Claim	Final	Original	Date
51	✓	✓	12/08/03
52	✓	✓	6/24/04
53	✓	✓	
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Claim	Final	Original	Date
101	✓	✓	
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143	✓	✓	
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147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

Best Available Copy

If more than 150 claims or 10 actions
 staple additional sheet here

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